## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

43231C

| CLAIMS AS FILED - PART I (Column 1)   |                   |   |                |                               |              | mn 2)            |      | SMALL ENTITY TYPE |                        |       | OTHER THAN SMALL ENTITY |     |                   |
|---|-------------------|---|----------------|-------------------------------|--------------|------------------|------|-------------------|------------------------|-------|-------------------------|-----|-------------------|
| TOTAL CLAIMS  |                   |   | 5              |                               |              |                  |      | RATE FI           |                        |       | RATE                    | FEE |                   |
| FOR   |                   |   | NUMBER FILED   |                               | NUMB         | IBER EXTRA       |      | IC FEE            | 370.00                 | OR    | BASIC FEE               | 740 | 0.00              |
| TOTAL CHARGEABLE CLAIMS   |                   |   | 5 minus 20=    |                               | * Ø          |                  | X    | \$ 9=             |                        | OR    | X\$18=                  |     |                   |
| INDEPENDENT CLAIMS  |                   |   | / minus 3 =    |                               | * 0"         |                  | ×    | 42=               |                        | OR    | X84=                    |     |                   |
| ML  | LTIPLE DEPEN      | IDENT CLAIM PI                            | RESENT         |                               |              |                  |      | 40=               |                        | OR    | +280=                   |     |                   |
| * If  | the difference    | in column 1 is                            | less than ze   | ero, ente                     | r "0" in c   | "0" in column 2  |      | TAL               |                        | OR    | TOTAL                   | De  | 10                |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |                   |   |                |                               |              |                  | SM   | IALL I            | ENTITY                 | OR    | OTHER<br>SMALL          |     |                   |
| AMENDMENT A   |                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | R    | ATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                    | TIC | DDI-<br>NAL<br>EE |
|   | Total             | * 5                                       | Minus          | * 2                           | 0            | =0               | X    | 9=                |                        | OR    | X\$18=                  | 1   |                   |
|   | Independent       | * /                                       | Minus          | PENDEN                        | CLAIM        | =                | X    | 42=               |                        | OR    | X84=                    |     |                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                   |   |                |                               |              |                  |      | 40=               |                        | OR    | +280=                   |     |                   |
|   |                   |   |                |                               |              |                  |      | TOTAL<br>T. FEE   |                        | OR    | TOTAL<br>ADDIT. FEE     | 6   | <b>1</b>          |
|   |                   | (Column 1)                                |                |                               |              |                  |      |                   |                        |       |                         |     |                   |
| AMENDMENT B   |                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | R/   | ATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                    | TIC | DI-<br>NAL<br>EE  |
|   | Total             | *   | Minus          | **                            |              | =                | X    | 9=                |                        | OR    | X\$18=                  |     |                   |
|   | Independent       | *   | Minus          | ***                           | COL AUA      | =                | X    | 12=               |                        | OR    | X84=                    |     |                   |
|   | FIRST PRESE       | NTATION OF MU                             | JLTIPLE DEF    | PENDENT                       | CLAIM        |                  | +1   | 40=               |                        | OR    | +280=                   |     |                   |
|   |                   |   |                |                               |              |                  |      | TOTAL<br>T. FEE   |                        | OR    | TOTAL<br>ADDIT. FEE     |     |                   |
|   |                   | (Column 1)                                |                | (Colur                        |              | (Column 3)       |      |                   |                        |       |                         |     |                   |
| AMENDMENT C   |                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RA   | TE.               | ADDI-<br>TIONAL<br>FEE |       | RATE                    | TIC | DDI-<br>NAL<br>EE |
|   | Total             | *   | Minus          | **                            |              | =                | X\$  | 9=                |                        | OR    | X\$18=                  |     |                   |
|   | Independent       | *   | Minus          | ***                           | F CL AINA    | =                | X4   | 2=                |                        | OR    | X84=                    |     |                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                   |   |                |                               |              |                  |      | 40=               |                        | OR    | +280=                   |     |                   |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                   |   |                |                               |              |                  |      |                   |                        | TOTAL |                         |     |                   |
| ***   | f the "Highest Nu | mber Previously Pai                       | aid For" IN TH | S SPACE i                     | is less tha  | n 3, enter "3."  | וטטא |                   | ropriate box           | •     | ADDIT. FEE I<br>umn 1.  |     |                   |